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A Psychosomatic Approach to the
Nursing Care of a Patient With
Sydenham's Chorea

BY

SISTER M. JULIE ERNE, R.N., B.A.

OF THE

SISTERS OF THE THIRD ORDER OF SAINT FRANCIS
OF OUR LADY OF LOURDES
ROCHESTER, MINNESOTA

A DISSERTATION

SUBMITTED TO THE FACULTY OF THE SCHOOL OF NURSING EDUCATION OF THE
CATHOLIC UNIVERSITY OF AMERICA IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE
IN NURSING EDUCATION



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A PSYCHOSOMATIC APPROACH TO THE NURSING
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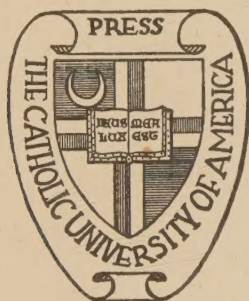
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TO
MARY
MY HEAVENLY MOTHER
UNDER HER TITLE
OF
OUR LADY OF LOURDES



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CHAPTER I

THE PROBLEMS AND DEFINITION OF TERMS USED

Statement of the problem. The good and the bad which accrue from advances and discoveries in medicine are consistently reflected in the field of nursing. During the latter part of the nineteenth century specialization tended to predominate in both professions. The art of medicine and the art of nursing were increasingly overshadowed by the science of medicine and the science of nursing. Techniques, procedures and skills, logical corollaries of specialization, were the objects of primary concern in both fields. The "humanities," the intangibles that forge the bond of understanding between the doctor and the patient, imperceptibly but surely receded into the background. The patient as a person suffered an eclipse because of the concern with individual aspects of the patient. There is today a trend to treat the patient as a whole. The nursing concept of approach and treatment must accordingly acquire more depth and breadth. If the patient is to be nursed as a total personality, that is, with consideration of all the factors that constitute that personality, the nurse must be aware of the existence of these factors; she must understand their import and interrelationship; she must be capable of applying her art and skill to nursing situations, and she must be able to base her approach on the philosophy of integration.

Purpose of the study. The purpose of this study is (1) to show the present day trends in psychosomatic medicine; (2) to study a patient as a person; (3) to show the relation between one particular nursing situation and the courses taught to student nurses in the basic curriculum; (4) to demonstrate a means for integration of the content in the basic curriculum and in this way better to prepare the nurse to meet nursing situations in their totality.

Method of Procedure. In order to provide a basis for an understanding of the psychosomatic approach the study includes: 1) a brief historical survey of the attitudes relative to the concepts of

the interplay between body and soul from Aristotle down to the present day philosophy of approach; 2) the transferral of the psychosomatic concept to nursing, and its effect both upon the integration within the nurse and her approach to the patient; 3) a presentation of a case study and an analysis of the study, based upon course outlines relative to the study in the basic curriculum; 4) treatment of the case analysis to illustrate the findings relative to the purpose of the study.

DEFINITIONS OF TERMS

Psychosomatic concept. Since the psyche and soma, the mind (soul) and body do not exist separately in the total personality, and since no physiological phase of the individual can be studied and treated without involving the psychological phase, and vice versa, medicine combines the techniques of both so that the psychobiological unity of the human being is preserved in study and in treatment.

Psychosomatic implication. Any physical or psychical manifestation that shows evidence both of the influence of the soma on the psyche, and of the psyche on the soma, even though one or the other influence may predominate, is interpreted as a psychosomatic concept.

Psychosomatic approach. Each factor that touches upon the life of the individual has a bearing upon his personality, and must be taken into consideration whenever the individual is concerned.

CHAPTER II

REVIEW OF THE LITERATURE

A consideration of the relationship between mind and body occupied a prominent place in the thought and writing of philosophers as far back as Socrates, Plato, and Aristotle. Since then the literature reflecting the attitudes of the schools of philosophy and the schools of science in regard to this relationship has been continuous and cumulative. The concept of the mind (soul) and body as expressed by Aristotle, St. Thomas Aquinas and Descartes is reviewed in this chapter. Discoveries in science, in time, caused the pendulum of emphasis to be shifted from the psychological to the physiological. The present day trend is toward a consideration of the psychosomatic concept in its fullest connotation. Emotion is used to exemplify interrelationships of the psyche and soma.

HISTORICAL PRESENTATION OF PSYCHOSOMATIC CONCEPT

Aristotelian concept of the living organism. In commenting on the complex of soul and body, Aristotle phrases the problem presented by the affections of the soul thus:

Are they all affections of the complex of body and soul, or is there any one among them peculiar to the soul by itself? To determine this is indispensable but difficult. If we consider the majority of them, there seems to be no case in which the soul can act or be acted upon without involving the body; e.g. anger, courage, appetite, and sensation generally. Thinking seems the most probable exception; but if this too proves to be a form of imagination or to be impossible without imagination, it too requires a body as a condition of its existence.¹

¹ J. A. Smith, editor, *Aristotle's De Anima Book I* (Oxford—At the Clarendon Press, 1931), p. 402.

Then he states the crux of the situation :

If there is any way of acting or being acted upon proper to soul, soul will be capable of separate existence, if there is none its separate existence is impossible.²

After disproving and discarding various theories Aristotle concludes that the soul is to the body as straightness to the line.

All the affections of soul involve a body—passion, gentleness, fear, piety, courage, joy, loving, and hating ; in all these there is a concurrent affection of the body. . . . the affections of soul are inseparable from the material substratum of animal life.³

And again :

There are times when men show all the symptoms of fear without any cause of fear being present. If this is the case then clearly the affections of the soul are ideas expressed in matter. Their definitions therefore must be in harmony with this ; for instance, anger must be defined as a movement made by a body in a particular state, or by a part, or by a capacity of such a body roused by such a cause, with such an end in view.⁴

It is in the writings of Aristotle on the mind and body relation that we find ancient Greek philosophy recognized the right of the human to a place in science. Muncie says that Aristotle

saw clearly the proper relations and distinctions among 1) the feeding soul (*anima vegetativa*), 2) the perceptive soul (*anima sensitiva*), and 3) the thinking soul (*anima cogitativa*), characterizing thereby three levels of functions distinctive respectively of plants, of animals, and of man.⁵

² *Ibid.*

³ *Ibid.*, p. 403.

⁴ *De Anima* I, 1.

⁵ Mendell Muncie, *Psychobiology and Psychiatry* (St. Louis: C. V. Mosby Company, 1939), p. 21.

In opposition to the dualistic philosophy which arose in the 17th century Moore traces back to Aristotle the concept of the living organism as a single substance, a vital principle.

But from the days of Aristotle there was another concept. Living substance is one substance, not two, a vital and a material, joined together, but one single, organic, vital unity. The vital principle is just as intimate to the organism as the shape of a mass is to the matter that is shaped. You have not two things, mass and shape; but one thing, a mass of a certain shape. And so, living substance is not two things, a vital principle and an anatomical structure; but one thing, a material substrate, made to be what it is by a vital complement, an organizing principle which, with the material substrate, constitutes one single, living, substantial being.⁶

Theory of St. Thomas Aquinas. In both the *Summa Theologica*⁷ and the *Summa Contra Gentiles*.⁸ Aquinas presents his reasons and conclusions in regard to the unity of body and soul.

Now the soul is the act of an organic body, not of one organ only. Therefore, it is in the whole body and not only in one part, according to its essence whereby it is the form of the body. And the soul is the form of the whole body in such a way as to be also the form of each part. For were it the form of the whole and not of the parts, it would not be the substantial form of the body. . . . if the soul is the act of each part, and an act is in the thing of which it is the act, it follows that it is by its essence in each part of the body.⁹

⁶ Thomas Verner Moore, *Cognitive Psychology* (New York: J. P. Lippincott, 1939), p. 88.

⁷ St. Thomas Aquinas, *Summa Theologica*, Part 1, Q.Q. LXXXV-CII, 3rd ed., translated by the Fathers of the English Dominican Province (London: Burns, Oates and Washbourne, Ltd., 1938), Q. 76, 1-8.

⁸ St. Thomas Aquinas, *The Summa Contra Gentiles*, Second Book, translated by the English Dominican Fathers from the latest Leonine Edition (New York: Benziger Brothers, 1923), p. 180.

⁹ Cf. Robert E. Brennan, *General Psychology* (New York: The Macmillan Company, 1943), p. 479.

Aristotle and Aquinas have been quoted at length because their philosophy of the relationship of soul or mind and body, psyche or anima and soma forms the foundation of the present day psychosomatic concept. Our psychological functions cannot be placed under the category of mind as a separate entity or under body as a separate entity. They are common to both. Their source is neither mind nor matter, but springs from unity.

After listing the facts upon which Aquinas bases his proofs of a substantial union of mind and matter, Brennan summarizes:

With very good reason therefore Aquinas concludes that man is a psychophysical unit, comprised of a material substrate, represented by his body; and a single substantial form, which is his rational soul, the principle of his intellectual activities, and, in conjunction with the body, the source of all his organic and sensory functions.¹⁰

Cartesian dualism. In the middle seventeenth century the seeds of a new philosophy were sown. Descartes, dissatisfied with the scholasticism which prevailed, sought a more practical explanation of the nature of mind and of matter. In his conclusions he rejected the concept of substantial forms. Body and mind were to him absolutely independent. Matter, because it possesses the quality of extension, can be scientifically observed; the mind, because it lacks this quality, is unfathomable. Consequently, the body became the source of investigation for all science related to medical study, while the mind, shrouded in impenetrable mystery, became the property and problem of the philosophers.¹¹

The theories of Descartes furnished food for more than the sufficient growth of dualistic philosophy:

. . . the dichotomy body and mind (or soul) remained the cornerstone of medicine for ages. As late as the close of the 18th century it was the philosopher who claimed psychiatry as his domain, while the medical man studied

¹⁰ *Op. cit.*, p. 480.

¹¹ Cf. Mendell Muncie, *Psychobiology and Psychiatry* (St. Louis, C. V. Mosby Company, 1939), pp. 19-21.

the body and the body only, shying away from psychology and perennially attempting to deal with psychopathology by means of pharmacology or purely physical agencies.¹²

The orientation of the psychologist and the physiologist became extreme. If there are activities which are purely mechanical or machine-like, and if the mind cannot be subjected to scientific investigation, a dichotomy is evident and a differentiation in placement is imperative. Richards, in her *Introduction to Psychobiology and Psychiatry* says:

The influence of the Cartesian school on the world's subsequent dealing with the mind-body problem has been obvious. Philosophy continued to be interested chiefly in what man should think and do rather than in what man does and how he does it.¹³

So, the "integrative formula" for which medical science had been struggling to find since the days of Aristotle, the "approach which would offer both a methodological unity and an empirical coherence to our clinical studies"¹⁴ seemed farther away than ever. German philosophers swung the emphasis one way, only to have it counteracted by scientific discoveries a few years later.

The era of science. About the early nineteenth century there was an attempt at a synthesis, but just as a concept, much as that of psychosomatic medicine today, was being evolved by a few leaders in both fields, the star of science rose into ascendancy over the world of thought, and medicine, in all its ramifications became quite definitely the child of science. Physics, chemistry, the biological sciences, made the greatest strides in the history of medicine. The laboratory changed a hitherto established relationship between the doctor and the patient. This relationship lost the personal element and became triangular.

¹²Gregory Zilboorg, "Historical Perspective," *Psychosomatic Medicine* (January, 1944), Vol. 6, No. 1, p. 3.

¹³Esther L. Richards, *Introduction to Psychobiology and Psychiatry* (St. Louis: C. V. Mosby Co., 1941), p. 17.

¹⁴Zilboorg, *op. cit.*, p. 3.

This phase of medical development is explained by Stephan Zweig in *Mental Healers*:

Disease meant now no longer what happens to the whole man but what happens to his organs . . . and so the natural and original mission of the physician, the approach to disease as a whole changes into the smaller task of localizing the ailment and identifying it and ascribing it to an already specified group of disease. . . . This unavoidable objectification and technicalization of therapy in the 19th century came to an extreme excess because between the physician and the patient became interpolated a third entirely mechanical thing, the apparatus. The penetrating, creative, synthesizing grasp of the born physician became less and less necessary for diagnosis.¹⁵

Medicine lost its art and became a purely physical science, based on the principles of physics, chemistry, histology, pathology, and allied sciences. With the great achievements of Virchow in pathology came the cell or particularistic concept. The search for the cause of disease did not progress beyond the attempt to discover local pathology. Etiological thought was born of cellular pathology.

Weiss and English¹⁶ trace specialization back to the structural concept introduced by Virchow. With the separation of illness from the psyche and the consideration of organ disorder as the only causative factor of disease came the specialists. With specialization came mechanization, the precision of the laboratory, and the almost entire neglect of the emotional side of illness. The perspective of the unity of the organism was lost.

The concept that such local anatomical changes are but the immediate cause and themselves might be the results of more general disturbances which develop, as the effects of faulty functioning, overstress, or even emotional factors, had to be discovered later.¹⁷

¹⁵ Franz Alexander, "Psychological Aspects of Medicine," *Psychosomatic Medicine* 1 (Jan. 1939), p. 9.

¹⁶ Edward-Weiss, and O. Spurgeon English, *Psychosomatic Medicine* (Philadelphia: W. B. Saunders Company, 1943), pp. 1-80.

¹⁷ Alexander, *op. cit.*, p. 9.

The era of specialization paid for its knowledge and advancement in the coin of personal relationships. As all the scientific knowledge the physician possessed was brought to bear upon one particular part of the patient, it was only logical that all of the physician did not go forth to meet the total individual patient. The man of science, the specialist, faced a particular, challenging disorder in an individual personality. The dichotomy of thought extended to approach and to treatment. The "therapeutic intent, the need to cure,"¹⁸ may have been present, but the means to its accomplishment were decidedly narrowed and restricted.

With the loss of perspective went another human contact, the apprentice relationship. This is mentioned in particular because of a like misfortune which took place in the field of nursing.

One of the requisites for good professional education is guided practical experience. The guild system illustrates this highly personalized instruction perfectly. Apprentice instruction carried with it the assurance of belief in the principles of guild organization as well as of technical competency.¹⁹ In working with the master craftsman

the initiate had the benefit of an opportunity to learn his craft both technically and intellectually at one and the same time. He was afforded a human contact through the most difficult period of adjustment to his calling, namely, the period in which the larger implications of service in the calling were opening themselves to him and in which he was laying the foundations of his general outlooks upon the problems of his craft group in society.²⁰

There was no longer a place for the art of medicine as a part of the curriculum. As there was concern only for the evidence of disease, there was no need for the intangibles, the humanities of medicine, or of nursing.

These are in brief, some of the trends of philosophy and of sci-

¹⁸ Gregory Zilboorg, *Mind, Medicine and Man* (New York: Harcourt, Brace Company, 1943), p. 21.

¹⁹ Cf. Donald P. Cottrell, "A Philosophy of Education," *American Journal of Nursing* (August, 1940), p. 915.

²⁰ *Ibid.*, p. 920.

ence in regard to the body-mind relationship up to the present day.

Brennan, in his treatment of the psychosomatic nature of the sensitive appetites, summarizes the viewpoint of Catholic philosophy:

The passions of man are composed of two factors, revealing the parts out of which they are made: first, a psychic or affective element which is traced to the soul; second, a somatic or physiological element which is traced to the body—both parts being united to produce the whole of emotional experience, just as the soul and body are united to form the whole of human nature.²¹

Adler, in the preface to Brennan's *Thomistic Psychology* says:

. . . in the light of this theory (Aristotle and Aquinas) I could see at last the crucial errors of modern philosophy—the disastrous Cartesian mistake of regarding body and mind as separate substances, from which all the nonsense of the “mind-body” problem flows.²²

Moore,²³ in explaining the concept of living substance, says it has been lost sight of since Descartes

rejected formal causes and attempted to explain all nature on the basis of small particles of various shapes endowed only with mass and motion and made the soul of man a thinking substance residing in a small compartment of the material substance of the brain.²⁴

The philosophy of dualism is still felt in modern medicine, as well as the results of scientific discoveries and the tendency toward specialization. This fact is evinced by Alexander in the initial volume of *Psychosomatic Medicine*:

. . . The fundamental philosophical postulate of modern medicine is that the body and its function can be under-

²¹ Robert E. Brennan, *Thomistic Psychology* (New York: The Macmillan Company, 1942), p. 160.

²² Mortimer Adler in preface, Brennan's *Thomistic Psychology*, p. x.

²³ Moore, *op. cit.*, p. 88 *et seq.*

²⁴ *Loc. cit.*

stood in terms of physical chemistry, that living organisms are physico-chemical machines and the ideal of the physician is to become an engineer of the body.²⁵

PRESENT DAY PSYCHOSOMATIC PHILOSOPHY OF APPROACH

Concept of Approach. Today medicine is keenly aware of the handicaps placed upon it by a narrow, organistic, particularized approach. Curran and Guttman²⁶ construct a multiple etiology as a basis for diagnosis, grouping the factors as psychological, physical and constitutional. This grouping coincides with the constellation formulated by Dunbar,²⁷ Alexander, Hinsie, Weiss and others who have given the impetus to the recently renewed attempt to "produce a synthesis of the total reactions of the human personality."²⁸ If the total individual is to be taken into consideration, no longer can there be isolated problems of mind or of body, but rather the problem will be to estimate the result of the interaction between the emotional life and the body processes, both normal and pathological, of the individual.²⁹

. . . divisions of medical disciplines into physiology, neurology, internal medicine, psychiatry, and psychology may be convenient for academic administration, but biologically and philosophically these divisions have no validity.³⁰

The multiple medical specialties must be joined together by the belief that man is an individual, substantial unit and everything that reacts upon him or within him, reacts upon him in his total individuality. The effects of the causal agent reverberate through-

²⁵ Alexander, *op. cit.*, pp. 7-8.

²⁶ Desmond Curran and Eric Guttman, *Psychological Medicine* (Baltimore: Williams & Williams Company, 1943), p. 7.

²⁷ H. Flanders Dunbar, *Psychosomatic Diagnosis* (New York: Paul B. Hoeber Co., 1943), p. 11.

²⁸ Zilboorg, "Historical Perspective," *Psychosomatic Medicine*, Vol. 6, No. 1 (January, 1944), p. 6.

²⁹ Cf. Editors, "Introduction," *Psychosomatic Medicine*, Vol. I, No. 1 (Jan. 1939), p. 4.

³⁰ *Loc. cit.*

out his entire personality. Portis, in speaking of psychosomatic disturbances clearly explains this concept of complete approach.

Simply stated, emotional stimuli produce disturbed function; disturbed function ultimately results in pathologic change. The treatment of pathologic change may be medical or surgical, but the fundamental etiologic approach and prevention of recurrence depends on a study and normalization of the emotional status.³¹

Chronic emotional conflicts, according to Alexander and others, may produce pathological anatomical changes. Repressed desires, fears, and aggressions result in tension. If the tension is prolonged or chronic the function of the vegetative organs is disturbed.³² This imposition of a sickness of the mind upon the body is an important tenet in psychosomatic medicine.

Many people, says Hinsie, who in the absence of physical illness maintain mental equilibrium under duress, lose the equilibrium when organic disease comes upon them. Disease is a haven of emotional refuge for them, principally because it serves as an excellent rationalizing agency, one that doctors, members of the family, and friends recognize as almost a just cause for emotional upset.³³

The relation between emotion and body functions requires psychopathological knowledge and approach. White maintains that the psychologic and somatic reactions are so closely allied to each other that "one recognizes that at any given moment of any kind of reaction it is in reality the whole organism that reacts."³⁴ A person who has a compensatory psychosis will be able to develop

³¹ Portis, "Psychosomatic Disturbances," *Journal of the American Medical Association*, Vol. 126, No. 7 (Oct. 14, 1944), p. 415.

³² Alexander, *op. cit.*, p. 16.

³³ Leland E. Hinsie, *The Person In The Body* (New York: W. W. Norton and Company, 1945), pp. 164-165.

³⁴ William A. White, "Social Significance of Mental Disease," *Archives of Neurology and Psychiatry*, Vol. 22, No. 5 (Nov. 1929), p. 891.

a compensatory somatosis. A person with a decompensating psychosis will be able to develop a decompensating somatic reaction.³⁵

The psychobiological approach to illness makes necessary the realization that the condition of the individual at any given time is the result of many interacting factors. The patient's constitution must be considered as a predisposing factor. The emotional responsiveness may be altered and affected by environmental factors. Continuous tension may result in pathological somatic disturbances.³⁶ Richards defines personality from the psychobiological point of view as

everything that the individual is in his complete and total functioning. It includes physiological biochemical functioning plus that of his intellectual and emotional make-up which are a combination of ingrained, inborn tendencies and learned or acquired characteristics, developed and cultivated through training from familial, educational and social influences.³⁷

With this definition in mind it can be understood how broad the concept of psychosomatic approach must be. Dunbar phrases it aptly when she describes psychosomatic as

merely an adjective describing a conceptual approach to the human organism and all its ailments, though perhaps more essential in the diagnosis and treatment of some patients than of others.

The psychosomatic method is merely a stereoscopic superposition of the image derived from the two principal groups of techniques which medicine has employed, the physiological and the psychological.³⁸

In the foreword and introduction to Dunbar's *Psychosomatic*

³⁵ Cf. *loc. cit.*

³⁶ Cf. Paul C. Clark, "Psychosomatic Problems As Seen in Internal Medicine," *The Psychiatric Quarterly*, Vol. 20, No. 17 (Jan. 1946), pp. 113-122.

³⁷ Richards, *ibid.*, p. 32.

³⁸ Dunbar, "Criteria for Therapy in Psychosomatic Disorders," *Psychosomatic Medicine*, Vol. 6, No. 4 (October, 1944), p. 283.

Diagnosis Rountree stresses the idea of modern complexity of living being emotionally reflected in the individual.

Psychosomatic medicine represents the summation of environmental (including sociological) influences. When these factors all operate in harmony, health results; when they are in conflict disease makes its appearance.³⁹

According to the work of Dunbar, Halliday and Weiss in the field of social health, emotion is the etiological, or at least an important complicating factor, in those illnesses which top the list of major causes of mortality and morbidity.⁴⁰ The rapid increase in chronic and recurring neurotic illnesses, as well as the increase in organic illnesses such as rheumatism, gastritis, peptic ulcer, hypertension, migraine, etc.⁴¹ demand the psychosomatic approach. Emotional pain and distress must be treated together with physical pain and distress.

Chronicity of certain types of diseases point to certain factors which generally enter into the construct of a psychosomatic affection. These are, according to Halliday⁴²

1. Emotion as a precipitating factor
(bodily disturbance emerges on meeting an emotionally upsetting event)
2. Personality type
(a particular type of personality tends to be associated with each particular affection)
3. Sex ratio
(a marked disproportion in sex incidence is noticeable)
4. Association with other psychosomatic affections
(alternation or sequence of different affections)

³⁹ Leonard Rountree, Foreword to Dunbar's *Psychosomatic Diagnosis* (New York: Paul B. Hoeber, Inc., 1943), p. vii.

⁴⁰ Cf. Dunbar, "Psychoanalysis and the General Hospital," *Psychiatry* (Oct. 1939), p. 171.

⁴¹ James Halliday, "The Rising Incidence of Psychosomatic Illness," *British Medical Journal*, Vol. 2 (July 2, 1939), pp. 11-14.

⁴² Cf. James Halliday, "Formulation of a Psychosomatic Affection," *Psychosomatic Medicine*, Vol. 4, No. 4 (July, 1945), p. 242.

5. Family history
(appearance of the same or an associated disorder
in relatives)
6. Phasic manifestations
(periods of crudescence and recurrence)

The role of emotion. The part emotion plays in the make-up of the total personality indicates the need for psychosomatic approach. It is emotion which in the last analysis differentiates those illnesses which are characteristically psychosomatic, that is, those which fit most readily into the construct of affections as formulated by Halliday, from those in which the emotions are a secondary factor. It is emotion which groups problems of a psychosomatic nature in their broadest connotation of the word, into those which are predominantly psychological, those which are predominantly somatic, and those which present a somatic aspect caused by emotional tension.⁴³

The classic experiments of Sherrington,⁴⁴ Pavlov and Cannon⁴⁵ illustrate the effect of emotional excitement upon the functioning of the nervous system. No better example of the integrative action of the nervous system can be found than in the energizing influence of emotional stress, such as fear and anger.

Cannon quotes Sherrington in this respect,

Emotion moves us, hence the word itself. If developed in intensity, it impels toward vigorous movement. Every vigorous movement of the body . . . involves also the less noticeable cooperation of the viscera, especially of the circulatory and respiratory. The extra demand made upon the muscles that move the frame involves a heightened action of the nutrient organs which supply to the muscles the material for their energy.⁴⁶

⁴³ Dunbar's *Emotions and Bodily Changes* is probably the most complete annotated compilation of the literature on this subject. H. Flanders Dunbar, *Emotions and Bodily Changes* (New York: Columbia Univ. Press, 1935).

⁴⁴ Henry B. Garrett, *Great Experiments in Psychology* (New York: D. Appleton and Company, 1930).

⁴⁵ Walter B. Cannon, *Bodily Changes in Pain, Hunger, Fear and Anger* (New York: D. Appleton and Company, 1925).

⁴⁶ Cannon, *ibid.*, p. 215.

The pattern begins with the excitement of the instinct. A nerve current is sent to the suprarenal glands which, when stimulated, secrete adrenalin into the bloodstream. This secretion sustains various tissues in their accustomed activities. Glycogen is converted into sugar in the liver, and carried to muscles to be used as fuel for fight or flight. Increased intensity of emotional stimulus results in increased effectiveness of response. The physiological manifestations are the expression of the emotion.⁴⁷

Cannon goes on to say that this "pattern response" of the nervous system to an emotional provoking situation is able to bring more neurones into action than "even a supreme act of volition."⁴⁸

The effect of emotional disturbance on digestion is common knowledge. The flow of gastric juice is Pavlov's sham feeding experiment⁴⁹ proved that the secretion could be stimulated psychologically. It is common knowledge that some emotional conditions are highly favorable to good digestion, some highly disturbing.

It is an interesting fact that feelings having these antagonistic actions are typically expressed through nerve supplies which are correspondingly opposed in their influence on the digestive organs. The antagonism between these nerve supplies is of fundamental importance in understanding not only the operation of conditions favorable or unfavorable to digestion, but also in obtaining insight into the conflicts of emotional states.⁵⁰

MacDougall says there is only one way in which this impulsive integrative response between body and emotions can be accounted for

and brought into line with any systematic description of our mental life. . . . That way is to recognize that all bodily changes of any species of animal which we call

⁴⁷ Cf. William McDougall, *Outline of Psychology* (New York: Charles Scribner's Sons, 1923), p. 322.

⁴⁸ *Op. cit.*, p. 218.

⁴⁹ Garrett, *op. cit.*, p. 8.

⁵⁰ Cannon, *op. cit.*, pp. 19-20. A thorough treatment of emotion and digestion is given by Alvarez, in *Nervousness, Indigestion and Pain* (New York: Paul B. Hoeber, Inc., 1943), *passim*.

"expressions of the emotions" are adaptations of the body to the modes of instinctive activity proper to the species. Each mode of instinctive activity requires, for its most efficient execution, the cooperation of all the parts and organs of the body; for . . . an instinctive action is essentially a "total" reaction, and the processes of every part of the body are subordinated to, and adapted to aid or supplement, the actual movement of limbs, etc.⁵¹

Through all its various manifestations, emotion exemplifies the unity, integration and interrelationship of the mind and body. The psycho-neuro-endocrine system in action involves the total individual.

Evidences of thought from the times of Aristotle, St. Thomas Aquinas, Descartes, and from the philosophers and scientists of the 18th, 19th, and 20th centuries have been cited to show how the fundamental concepts of approach were formulated, changed, discarded and revived down through the ages. The trend toward a new method of approach has been defined; an approach "new only in the sense that it attempts to substitute a scientific basis for things sensed intuitively by the physician, especially the old-fashioned practitioner; things vaguely seen as 'through a veil darkly.'"⁵²

⁵¹ MacDougall, *ibid.*, p. 321.

⁵² Rountree, Foreword to Dunbar's *Psychosomatic Diagnosis*, p. viii.

CHAPTER III

TRANSFERRAL OF THE PSYCHOSOMATIC CONCEPT TO NURSING

The understanding of the interrelationship between mind and body is essential to nursing as well as to medicine. The realization of a psychosomatic concept of approach and care in nursing presupposes first, opportunity on the part of the nurse for integration; second, ability of the nurse to use the resultant knowledge in her approach to nursing situations.

Integration. In outlining the pivotal points of a study being made at the University of Virginia concerning curricula for schools of nursing, Sanger emphatically states,

Basic to all assumptions is the accepted validity of the principle of course integration and proper course placement.¹

If the nurse is to be aware of the many factors which enter into the structure of the human personality, she must be given an opportunity to acquire an integrated knowledge of the varied components of that total personality. If she has not been given materials in such a way that they have become, within her, a complete and perfect whole,² she cannot integrate her knowledge; she cannot use it "spontaneously in her daily practice of nursing." She will not have the ability to recognize the emotional as well as the bodily needs of the patient. What is more, she will fail to see more than a hospital patient in his hospital bed. Symptoms, rather than underlying causes of behavior, will merit her attention.

In 1932 Taylor wrote of the need of a broader concept in nursing.³

¹ William Sanger, "Making Nurse Education Dynamic," *American Journal of Nursing* (June, 1945), p. 474.

² Irene Carn, "Integrating Public Health Nursing," *American Journal of Nursing* (March, 1945), p. 675, *et seq.*

³ Effie J. Taylor, "A Mental Hygiene Concept," *American Journal of Nursing* (July, 1932), p. 776.

We still have a long way to go in nursing education before the average nurse will appreciate what it means to think of the patient as a whole and will have gained that understanding which will enable her to interpret symptoms in behavior as readily as she has learned to interpret symptoms through the observation of physical signs.

To attain this broader philosophy the factors which Billings lists as entering into every psychobiological occurrence might be taken into consideration.

1. The situation-environment or stimulus factors; the subject in terms of all influential factors.
2. The reaction and the result that follows.
3. Contributing factors:
 - a. psychobiological
 - b. neurophysiological
 - c. somatic, physiological, anatomical
 - d. exogenic⁴

All of these factors, linked together in the individual to produce a total personality in meaningful action, must be considered by the nurse. To insure this consideration, the cognitive processes, conative processes, and emotional tendencies, which constitute the triad of investigation, must develop mentally integrated functioning.⁵ This is not a matter of chance but rather one of a carefully planned curriculum wherein integration is a primary objective. Mattingly⁶ and Sanger⁷ feel that this integration is imperative if nursing is to care for the whole person.

The Approach In Nursing. The next step in the logical sequence of events following upon the acceptance of the psychosomatic concept, is a realization of its broadening effect upon the approach to nursing situations. Orientation to the patient as a personality can take place only if effective interpersonal relationships are established between the patient and the nurse. This interpersonal rela-

⁴ Billings, *op. cit.*, p. 20.

⁵ Cf. Muncie, *op. cit.*, p. 25.

⁶ Capitola Mattingly, "Integrating Mental, Social Health Aspects," *American Journal of Nursing* (May, 1945), p. 401.

⁷ Sanger, *op. cit.*

tionship is built upon understanding. Understanding presupposes knowledge of the total individual. Approach is an attitude, intangible, without dimension, simple, yet determined by a multiplicity of data. Gentleness, sympathy, affection, hope, charity—the “humanities” of nursing Cutler calls them⁸—still form the soul of approach in nursing.

As example plays a great part in the teaching of the humanities in nursing, it can be well understood that with the advent of specialization and the loss of apprentice relationship, the humanities were overshadowed by the more tangible requirements of procedure and of technical skill.

The psychosomatic concept in nursing combines both the psychological aspect, the humanities, and the scientific aspect, the knowledge and skills relative to procedures and treatments. Perhaps it would be more correct to say, that, to care for the total person the nurse must base the humanities on a more reliable foundation than intuition, and the procedures and treatments on something more revealing than a text-book and a few notes.

Summary. To make the transferral of the psychosomatic concept to nursing, integration through the curriculum must be made possible. Acceptance of the concept necessitates the broadening of the philosophy of approach in nursing.

⁸ Elliott C. Cutler, “The Humanities in Nursing,” *American Journal of Nursing* (Sept. 1931), pp. 1044-45.

CHAPTER IV

THE CASE STUDY

Selection of patient. The particular case presented was chosen for an intensive study because it was felt that the construct of psychosomatic affections was applicable to the patient on practically all points; that the number of psychosomatic implications that could be demonstrated was sufficient to justify the choice; that the patient manifested clear-cut dynamic interrelationships of psychological and physiological factors which could be used as a basis of approach; that through the philosophy of integration an analysis of the psychosomatic implications might be made relative to the courses in the basic nursing curriculum.

How the study was conducted. A patient was selected who would serve as a subject for an intensive case study. The selection was made with the purpose of the study in mind. Elimination of the various cases under consideration was made through examination of charts, interviews with the patients and with the attending physicians.

After the patient was selected, information concerning this particular case was gathered from the following sources:

1. personal interview
 - a. physician in charge of case
 - b. medical interns assisting with case
 - c. clinical supervisor
 - d. assistant clinical supervisor
 - e. nurses assigned to case
 - f. visiting nurse assigned to case
 - g. mother of the patient—at home
 - h. patient—a series of interviews
2. records
 - a. chart of patient
 - b. reports of visiting nurse
3. conferences
 - a. doctor's lectures
 - b. clinical symposiums
 - c. panel discussions

Treatment of data. All significant facts about the patient were noted and filed under the following headings:

- a. social history
- b. personal and family health
- c. admission notes
- d. physical findings (cardinal symptoms)
- e. psychological findings
- f. diagnostic procedures
- g. treatment

Continued observations and notations were made on the cardinal symptoms, the psychological findings, including response of the patient, and treatment.

The facts of the analysis which bore psychosomatic implications were studied in their relation to nursing care and filed with the course or courses to which they most definitely applied. It was in the net-work which formed during this step in the organization of the data that the interrelationships of the factors in the case became evident.

Social History. Linda is a thirteen year old sixth grade school girl of English-German descent, born in Tennessee and a Baptist. She, her mother, three half-sisters and a half-brother occupy two rooms, side-walk level, in the walk-up district of a large city. Her own father is dead, as is also the father of the other siblings. Linda is the only member of the family bearing her surname. Five years older than the next child in line, she has been placed in a responsible position, both in relation to the other children and to her mother, who, because of her own incompetency to deal with life, shifts the burden, to a great extent, upon her eldest daughter's shoulders.

The family income consists of monthly aid from the Division of Public Assistance, and occasional benefactions from the man who lives upstairs. The mother receives \$93.00 per month provided that she stays home to care for her dependent children. Since Linda's hospitalization the income has been reduced to \$78, \$7.50 per month of which is paid for the rental of the two dark, damp, dirty, rat infested basement rooms.

Record of Personal and Family Health. The patient had a normal physical development. The usual childhood diseases, measles, mumps, whooping cough, chicken-pox are noted in her history. Blurred vision occurring after being hit in the eye with a baseball at the age of three years, caused the mother to consider taking her to an oculist for examination. Because of the mother's inability to carry things through, this was never done.

The patient has been retarded in school and gets poor grades. The lack of proper nourishment—(the family sleeps late so that two meals a day will suffice)—is a health aspect that may influence her school record.

The mother stated that the girl had fainting spells each month prior to onset of menses. These occurred approximately one year before menstruation began. Her first menstrual period was four months preceding her present illness. She has had continual sore throats during the past two months, and noticeable difficulty in concentration the last two weeks.

There is no family history of illness. The cause of the death of Linda's father is unknown. Her stepfather died of pneumonia three years ago. All of the siblings developed normally, mentally and physically, but are undernourished and ill-cared for. One sibling had a severe case of ringworm which required the daily visit of a visiting nurse. Since the mother 'just did not get to' following the instructions of the nurse in caring for this child, the infection progressed. The mother, a tall, pale, well-built woman in her late thirties, complains of not feeling well, but does nothing about it.

Reason for coming to hospital. The material for the following section is entirely objective. The facts are stated as given in the doctor's admission notes,¹ the visiting nurse's notes,² and by the mother and Linda herself.

One week before admittance to the hospital (3-2-46) the mother first noticed that the patient was irritable, nervous, complained of headache, and kept dropping things. A week previous to this she

¹ Thomas Curtin, M.D., Medical Intern, Providence Hospital, Washington, D. C.

² I. Abbott, R.N., Visiting Nurse Instructor, Washington, D. C.

had pain in her left wrist, following a minor injury in school. Discomfort continued for several days until flailing movements of the girl's left arm were noted. She became increasingly awkward, and had difficulty in walking and in picking up objects. Accompanying this were senseless movements of the shoulder girdle and the left leg.

On 3/3/46 the patient was found lying in bed with quick, jerky movements of the left arm. She was unable to move the left leg well. Her eyes were dilated, speech hesitancy was apparent and she had trouble in concentrating and in expressing herself. She seemed to have a sore throat.

Linda was brought to the out-patient clinic three days later (3/6/46). Her hypersensitiveness together with movements so extreme that her head banged against the table, prevented a satisfactory examination. It was felt that hysteria should be ruled out.

Three days after (3/9/46) all extremities were involved in purposeless jerky movements. The sore throat was still present. The patient offered no complaints because she did not want to go to the hospital. She was admitted at this time via ambulance.

Admission notes—physical examination. The girl moved all extremities continuously, with involuntary, purposeless motions; the head moved backward and forward and from side to side. Facial grimacing, rolling eyeballs, wrinkling of forehead, twitching of mouth, closing of eyes tightly, were constant. Bodily weakness and ataxia were extreme.

There was a definite weakness of the left hand and leg. No pain, swelling or redness of joints was observable.

The left patellar reflex was hyperactive. The remaining reflexes were hypoactive.

All laboratory findings previous to admission were negative.

All other systems were negative.

Impression of medical intern:

1. Sydenham's chorea
2. Rheumatic involvement
3. Possible brain injury

Impression of pediatrician:³

Believe the child has acute chorea (Sydenham's)—seems to explain picture better than any other diagnosis—with involvements, ataxia, weakness, and psychic changes—of rather acute onset.

The next day at conference⁴ the following diagnosis was made:

1. Sydenham's chorea
2. Observe for purpose of ruling out hyperkinetic type of encephalitis

This diagnosis was reaffirmed when all the clinical data was summarized (4-6-46) by the physician in charge of the case:⁵

Sydenham's chorea with rheumatic involvement

PSYCHOLOGICAL FINDINGS

The psychological findings are interpretative, based upon the many individual factors that influenced the patient. As these findings, together with the physical or cardinal symptoms manifested, and the treatments used, are presented in block outline, showing the progress of the case, only the causative agents and the resulting emotions are here mentioned:

<i>Causative agent</i>	<i>Emotional manifestation</i>
1. age and sex puberty menstruation poor instruction	1. reticence shame seclusiveness prudishness uncertainty irritability
2. constitutional make-up asthenic phlegmatic	2. shyness introversion aloofness

³ Louis Cross, M.D., Medical Resident, Providence Hospital, Washington, D. C.

⁴ Henry Schreiber, M.D., Chairman of Conference, Professor of Medicine, *pro tem*, Georgetown University, School of Medicine, Washington, D. C.

⁵ *Idem*.

- | | |
|--|---|
| <p>3. social environment</p> <p style="padding-left: 20px;">a. home
squalor
ill-cared for
poor health habits
poorly nourished</p> <p style="padding-left: 20px;">b. family
mother
emotionally affectionate
shiftless
superstitious
appears to be of average intelligence
siblings</p> <p style="padding-left: 20px;">c. school
general ability—I.Q.
average
intermittent attendance
retardation</p> <p style="padding-left: 20px;">d. church
religious exercises neglected
lack of home training
lack of knowledge</p> <p>4. illness</p> <p>5. change of environment</p> | <p>3. a forced acceptance
dissatisfaction
futility—inability to better
circumstances</p> <p style="padding-left: 20px;">b. some sense of security
sense of being needed
affection for mother and
siblings</p> <p style="padding-left: 20px;">c. listlessness
inattentiveness
awkwardness
lack of social poise
sensitiveness</p> <p style="padding-left: 20px;">d. search for an unknown
satisfaction
desire for a form of worship</p> <p>4. excitability
fearfulness
irritability
impulsiveness</p> <p>5. sense of inferiority
strangeness
fearfulness
perverseness
changed with understanding
and familiarity to
acceptance
security
pleasure
helpfulness
expressiveness
trust</p> |
|--|---|

SIGNIFICANCE OF THE FACTS OF THIS CASE

Description and definition of the disease, its etiology and pathology are presented as applying to Sydenham's chorea in general. The diagnostic procedures and the treatments indicated are those used in this particular case.

Recent literature places an increasing emphasis on the psychogenic factors in the etiology and predisposition to chorea. Not only is psychic trauma pointed out as an etiological agent but the choreic constitution seems to be a necessary factor.⁶

Hubble⁷ defines chorea

as a functional disorder of the nervous system, characterized by irregular motor activity and emotional instability, which develops in predisposed individuals, particularly girls of the poorer classes, following acute psychic trauma or prolonged psychic stress, or during and after the development of the rheumatic states.

To the etiological factors of psychic trauma Hubble adds social grouping and sex incidence.⁸

Halliday⁹ includes in his construct of factors predisposing to chorea emotional stress, personality, sex, associated affections and family history. The personality involved possesses a

nervous instability characterized by a quantitative increase in emotion and kinesis. The peculiar excitability of the chorea personality is often concealed under an over-emphasized shyness.¹⁰

⁶ Josephine R. Hilgard and S. A. Szurek, "Successful Psychotherapy of a Choreic Syndrome," *Psychosomatic Medicine*, Vol. 5, No. 3 (July, 1943), pp. 293-300.

⁷ Douglas Hubble, "The Nature of the Rheumatic Child," *British Medical Journal*, Vol. I (January 30, 1943), p. 125.

⁸ *Loc. cit.*

⁹ James Halliday, "Phasic Manifestations in Chorea," *Lancet*, Vol. 2 (December 4, 1943), p. 695.

¹⁰ *Loc. cit.*

It is Hubble's belief that the mind-body relationship is exemplified in rheumatic fever by the manifestations of "undischarged emotion of the choreic child."¹¹ Hilgard and Szurek feel that the illness is a picture of a 'struggle with markedly inhibited hostile feelings because of many thwartings.'¹²

In showing that chorea is a manifestation of rheumatic fever, Wilson says:

There is now a sufficient body of evidence to prove that the pathological basis of chorea minor is a diffuse or disseminated encephalitis affecting chiefly the corpus striatum and involving the cortex and the pia arachnoid.¹³

The streptococcal theory is presented by Cecil who believes that the toxins from a nonhemolytic streptococcus act upon the basal ganglia of the brain to produce the characteristic symptoms of a non-epidemic encephalitis.

Fright or trauma may precipitate an attack; and emotional shock seems to play a noteworthy role in the production of relapses.¹⁴

Jelliffe and White combine physic and infection theories:

The so-called hereditary factor is probably dependent upon an inferior or slowly developing psychomotor-cerebellar integration. In certain patients the rapidly developing body calls for a higher grade of motor adaptation than the developing motor integration can subserve. This is seen normally in the cerebellar static apparatus in what is so widely called the awkward age, or in the "puppy" stage, where the analogues, to wild choreic affections are obvious. Chorea may thus develop in adolescents from the mildest of infections or even from excess of motor activity. Thus chorea may be a fatigue symptom.¹⁵

¹¹ Hubble, *op. cit.*, p. 121 *et seq.*

¹² Hilgard and Szurek, *op. cit.*, p. 299.

¹³ May G. Wilson, *Rheumatic Fever* (New York: The Commonwealth Fund, 1940), p. 195.

¹⁴ Russel L. Cecil (ed.), *A Textbook of Medicine* (Philadelphia: W. B. Saunders Company, 1939), p. 1472.

¹⁵ Smith Ely Jelliffe and William A. White, *Diseases of the Nervous System* (Philadelphia: Lea and Febiger, 1935), p. 667.

The pathology and the etiological theories have been presented at length because of the material they afford for the recognition of psychosomatic implications in the case analysis.

Methods used in making the diagnosis, i.e., laboratory findings and observations of the patient, complications and their prevention, individual factors that influenced the patient's progress and recovery, and prognosis are merely indicated below, as they will be listed in the treatment of the analysis.

METHODS USED IN MAKING THE DIAGNOSIS

Laboratory tests

hemogram	— blood chemistry approximately normal; no evidence of anemia, white blood count slightly elevated
sedimentation rate	— a trifle above normal when symptoms were acute
vital capacity test	— to be made at a later date
electrocardiogram	— sinus Bradycardia; no evidence of myocardial damage

Observation of patient

chorieform movements	— gradually subsided
joint involvement	— left extremities affected; not typical red-hot, swollen joints
cardiac involvement	— none apparent
psychogenic symptoms and reactions	— gradually subsided

Complications (in General) and Their Preventions

pericarditis	mental and physical rest
endocarditis	graded and supervised activity
myocarditis	continued medical care
pancarditis	pleasant surroundings
tics	nourishing diet
relapse, recrudescence	prevention of infection

*Individual Factors That Influenced the Patient's Recovery**Positive factors*

Hospital environment
 Rest
 Cleanliness
 Nourishing food
 Friendly atmosphere
 Intelligent nursing care
 Understanding attitude
 Proper estimate of herself as a
 person
 Personal interest of others
 Education in personal hygiene
 Medical regimen
 Treatment and drugs
 Counselling and assurance

Negative factors

Unchanged home environment
 Continued retardation in school
 due to illness
 Lonesomeness for siblings
 Discouragement at set-backs

Prognosis: The prognosis is unpredictable, due to psychogenic factors, although the age of the patient insures a fair degree of security. It is very good from the standpoint of cardiac involvement.

BLOCK OUTLINES

The following four outlines were arranged for weekly observation data. Because of the gradual change in symptoms it was felt that weekly indications would present a truer picture than daily remarks. In Outline IV the observations made on the patient in regard to attitudes and the resultant psychological findings are those of the writer.

OUTLINE I

SYMPTOMS OBSERVED IN THE PATIENT

<i>Cardinal Symptoms</i>	<i>March 9-15</i>	<i>March 16-22</i>	<i>March 23-29</i>	<i>March 30-April 10</i>
1. <i>Spontaneous purposeless movements</i>	entire body musculature involved in chorieform movements, rolling of eyes, twitching of mouth, thickened speech	generalized movements considerably lessened; hemichorea (left) more apparent; movements of eyes and mouth not as continuous	no noticeable chorieform movements; occasional rolling of eyes, twitching of mouth; speech clear	Symptom free
2. <i>Ataxias dysmetria adiodockokinesia hypopotonia asynergia</i>	tendency of left side to sag, hypoactive left arm and ankle, other reflexes hyperactive	left arm and ankle stiff but no immobile; reflexes toned down	left hand useful, no appreciable stiffness; reflexes normal	Symptom free able to stand and walk
3. <i>Weakness of muscles, fatigability</i>	Gradually lessened as other symptoms disappeared			
4. <i>Psychic changes</i>	irritable, fearful to point of hysteria, shy, extremely modest, unable to concentrate	apprehensive but not hysterical, extreme modesty in regard to nursing care, effort to cooperate	understanding of regimen, cooperative; thinks clearly and logically	poised, secure quiet contented personal assurance

OUTLINE II

SYMPTOMS OBSERVED IN THE PATIENT

<i>Minor Symptoms</i>	<i>March 9-15</i>	<i>March 16-22</i>	<i>March 23-29</i>	<i>March 30-April 10</i>
Fever (low grade)	Range 100°-97°	Range 97°-102°	Range 103.6°-97.6°	Range 97°-98°
Leucocytosis (slight)	WBC 10,000	WBC 7,600	WBC 9,200	
Sedimentation	5-1, 10-1, 15-2 20-3, 25-5, 30-7	5-1, 10-3, 15-6 20-9, 25-12 30-14		
Headache	Frontal headache (head moves jerkily continuously)	Headache less severe but constant	No complaints	Symptom free
Pallor and sweating	Extreme <i>pallor</i> , partially caused by malnutrition <i>Sweating</i> partially due to fever therapy			

OUTLINE III

DRUGS AND TREATMENTS ADMINISTERED TO THE PATIENT

<i>Medications</i>	<i>March 9-15</i>	<i>March 16-22</i>	<i>March 23-29</i>	<i>March 30-April 10</i>
Phenobarbital Chloral-hydrate Sodium-bromide	gr. ss bid gr. $\frac{x}{x}$ bid gr. $\frac{x}{x}$ bid	gr. $\frac{3}{4}$ bid (3/18) gr. $\frac{x}{x}$ bid disc. sodiumbromide (3/18)	gr. $\frac{3}{4}$ bid gr. $\frac{x}{x}$ bid	
Sodium salicylate	gr. xxx tid. in 2% solution c normal saline (per rectum)	gr. $\frac{xx}{xx}$ tid. (3/17) in 2% solution	gr. $\frac{xx}{xx}$ bid (3/25) in 2% solution (per rectum) c normal saline (per rectum)	
Feosol			gr. $\frac{11}{11}$ tid ac.	gr. $\frac{11}{11}$ tid ac.
<i>Treatments</i>		gr. $\frac{11}{11}$ tid ac.		
Fever Therapy (Foreign protein)		Typhoid vaccine— $\frac{1}{2}$ M (3/17) typhoid vaccine—5M intravenously (3/19)	Typhoid vaccine—25M typhoid vaccine—50M typhoid vaccine—75M intravenously	(3/22) (3/24) (3/26)
Massage, exercise of arm		Foot brace provided for left foot	Massage left arm c lubricant	Exercise left arm
Bed rest	Complete bed rest; daily bed bath			(3/30) Up in wheelchair Graded increase in activity (4/6) on

OUTLINE IV
OBSERVATIONS MADE ON THE PATIENT

Based on a grade of 4

Negative attitudes (—) ; positive attitudes (+)

<i>Attitudes (negative) and Psychological Findings</i>	<i>March 9-15</i>	<i>March 16-22</i>	<i>March 23-29</i>	<i>March 30- April 10</i>	<i>Attitudes (positive) and Psychological Findings</i>
Fearful	3—	2— 1+	1— 1+	3+	Confident
Shy	3—	2— 1+	1— 1+	3+	Poised
Hypersensitive	2—	2— 1+	0 2+	2+	Normally Sensitive
Prudish	4—	3— 1+	2— 1+	3+	Modest
Excitable	2—	1— 1+	0 1+	2+	Calm
Hysterical	2—	0 1+	0 2+	3+	Controlled
Perverse	3—	2— 1+	1— 2+	3+	Compliant
Impulsive	2—	1— 0	0 1+	3+	Thoughtful
Unstable	2—	1— 0	0 1+	2+	Stable
Insecure	3—	3— 0	2— 0	1+	Secure
Dull	2—	1— 1+	0 2+	3+	Alert
Reticent	3—	2— 1+	1— 2+	3+	Sociable
Seclusive	4—	3— 1+	2— 1+	2+	Companionable
Irritable	3—	2— 1+	1— 2+	3+	Amenable

CHAPTER V

TREATMENT OF CASE ANALYSIS

Just as the somatic aspect in certain situations predominates, while in others the psychogenic is more apparent, so in some instances the theory involved in one or two particular courses will be more applicable to the situation than material contained in the rest of the courses. Yet, as can be seen in the following tables, practically every course contributes in some degree to the integration necessary for the care of the total person.

Table arrangement: All data pertinent to the case was filed under the particular courses containing theory relative to it. Thus, a drug, i.e., phenobarbital was filed under pharmacology primarily, but also under physiology, chemistry, neurology, nursing arts and psychology, because theory relative to the action of phenobarbital on the patient is continued in all of these courses.

Nursing situations bearing a psychosomatic implication were listed. It was found in formulating the tables that the predisposing psychological factors and their manifestations were all involved in each situation listed. To avoid useless repetition these causative factors and their psychological manifestations are not listed in the tables.¹

Each table is divided into two parts, the nursing care indicated in the situation and the theory directly involved. If the theory which is indirectly related to the situation were indicated, it can be seen that every course in the basic curriculum would contribute (obstetrics, surgery and communicable diseases being excepted).

The outlines used of the courses in the basic curriculum which indicate the matter of the courses are those given in the *Curriculum Guide*² and in the syllabi of a school of nursing.³

¹ The reader is referred to Chapter IV, pp. 38-39, where they are presented.

² Committee on Curriculum for The National League of Nursing Education, *A Curriculum Guide for Schools of Nursing*, National League of Nursing Education, 1937.

³ Faculty of Saint Mary's School of Nursing, Rochester, Minnesota, *Syllabus in Medical & Surgical Nursing*, Part I-II. *Syllabus in Psychology & Ethics*, *Syllabus in Obstetric & Pediatric Nursing*, Minneapolis: Burgess Publishing Company, 1944-45.

TABLE I

NURSING SITUATION: (somatic)	spontaneous, purposeless, chorieform movements
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Complete bed rest prevention of trauma quiet, cheerful atmosphere	<i>Physiology, Anatomy, Neurology</i> the nervous system integration and control autonomic nervous system reflex activity interaction of nervous chemical glandular controls effect of toxin on basal ganglia meningo-encephalitis in relation to nervous system the musculo-skeletal system
Provisions for rest Physical massage sponge hot drink mental rapport assurance friendliness	<i>Chemistry</i> chemical changes due to toxins chemical reactions to specific drug
Nourishing diet appetizing fed to patient	<i>Nursing Arts</i> nursing measures conducive to rest, relaxation
Sedation as ordered	<i>Adolescent Psychology, Sociology</i> recognition of predisposing psychological factors establishment of rapport
Mental appreciation: etiology of disease role of emotion predisposing factors relative to this patient	<i>Pharmacology</i> drug action of depressants <i>Nutrition</i> consideration of patient's condition <i>Microbiology</i> etiological theory; non-hemolytic streptococcus

TABLE II

NURSING SITUATION : (somatic)	menstruation during illness
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Gynecology, Physiology, Anatomy</i>
cleanliness	female reproductive system
application of perineal pads	ovulatory or menstrual cycle
Provisions for comfort	menstrual disturbances
rest, warmth, quiet	<i>Endocrinology, Metabolism</i>
Instruction	ovarian hormones
physiologic functions	reactions on nervous system
personal care	<i>Adolescent Psychology</i>
	maturation
	emotional changes
	menstruation
	<i>Sociology</i>
	culture and background
Mental appreciation:	<i>Nursing Arts</i>
physiological changes	health habits
during puberty, adolescence	care of skin, elimination of
emotional disturbances	body odors
accompanying changes	action of heat on body
social and constitutional	<i>Chemistry</i>
factors in this case	blood chemistry
	hormone reactions

TABLE III

NURSING SITUATION : (somatic)	epigastric distress after fever therapy
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Provisions for personal care ice cap to abdomen chipped ice per mouth medication as ordered temperature q. 1 h.	<i>Anatomy, Physiology, Chemistry</i> gastro-intestinal system process of digestion disturbances of digestion chemical reactions in digestion chemistry of foods physiological effects of typhoid vaccine heat reactions
	<i>Nutrition</i> balanced diet diet for condition
	<i>Endocrinology, Metabolism</i> reactions during disturbances of gastro-intestinal tract physiological effects of typhoid vaccine
	<i>Nursing Arts</i> nursing measures relative to fever therapy epigastric distress
Mental Appreciation: effects of emotional state upon functioning of the gastro-intestinal system constitutional and social predispositions rationale of fever therapy	<i>Adolescent Psychology, Sociology</i> reactions to the unknown effect of emotion on digestion
	<i>Pharmacology</i> effect of sedation effect of foreign protein

TABLE IV

NURSING SITUATION : (somatic)	loss of appetite when activities restricted
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Needs of patient met by reassurance provision of permissible recreational activity preparation of appetizing tray personal attention and cheerful, friendly interest	<i>Anatomy, Physiology, Chemistry</i> effect of emotion on gastro- intestinal juices effect of emotion on nervous system chemical reactions <i>Endocrinology, Metabolism</i> effect of inhibition of gastric juices <i>Nutrition</i> causes and results of malnutrition selection of diet <i>Nursing Arts</i> maintenance of cheerful atmosphere arranging of food on tray <i>Adolescent Psychology</i> discouragement, disappointment of the adolescent importance of reassurance <i>Sociology</i> social attitudes based on cultural and constitutional background <i>Pharmacology</i> accumulative effect of drugs taken daily
Mental appreciation: realization of adolescent emotionalism relation of emotion to digestion and appetite establishment of confidence	

TABLE V

NURSING SITUATION : (somatic)	weakness of muscles and fatigability
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Anticipation of needs	<i>Anatomy, Physiology, Chemistry</i> control of body by integration of nervous system musculo-skeletal system in relation to classification physiology and response to stimuli electrical changes during contraction loss of muscle tonus cholinergic, adrenergic reaction in emotional crises cardio-vascular system
assisted in moving fed meals and midmeal nourishment activities restricted care of hypoactive extremities massage of arm, leg, foot board to bed encouraged in use of arm and leg	<i>Endocrinology, Metabolism</i> adrenalin suprarenal glands <i>Microbiology</i> etiological factor-streptococcal theory action of infection on heart, entire body rheumatic fever <i>Pharmacology</i> specific drugs; action
Mental appreciation :	<i>Nursing Arts</i> principles of rest, conservation of energy, massage protection of hypoactive parts <i>Adolescent Psychology, Sociology</i> predisposing psychological factors <i>Nutrition</i> adequate balanced diet
etiology of infection and course of disease relation of emotion to cholinergic, adrenergic reactions principles of muscle tonus in relation to use; assurance	

TABLE VI

NURSING SITUATION : (somatic)	malnutrition
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal need of patient	<i>Sociology</i> social status, financial circumstances factors relative to retardation
well-balanced diet served and fed to patient encouraged to eat medication as ordered	<i>Nutrition</i> principles of a balanced diet diet possible in social circumstances
Instruction	<i>Anatomy, Physiology, Chemistry</i> very secondary in this nursing situation anemia—blood counts
well-balanced diet diet adaptable to circumstances	<i>Nursing Arts</i> observation of food habits
Mental appreciation:	<i>Pharmacology</i> hematinics specific relation to blood chemistry
predisposing psychological factors poverty of home shiftlessness of mother age and sex	

TABLE VII

NURSING SITUATION : fever therapy reaction (somatic)	
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Physiology, Anatomy, Chemistry</i>
temperature q. lh.	fever therapy in relation to
forced fluids	circulatory system
dry, clean linen	dilation
baths, sponges	vasomotor reaction
Assistance with injection	chemical regulation of body
preparation of syringe	temperature
for vaccine	heat production
manual restraint	rate of heat loss
protection from trauma	water balance and chemical
assurance	implications
	structure, function of
	urinary system
	<i>Endocrinology, Metabolism</i>
	excitement reaction
	<i>Microbiology</i>
	nature, reaction of body to
	foreign protein
	<i>Pharmacology</i>
	action of specific drug
	<i>Nursing Arts</i>
Mental appreciation:	principle underlying procedures
predisposing factors	temperature; pulse, respiration
relative to hysteria	forced fluids
repressed hostility	intravenous injection
	care of skin
fear of the unknown	<i>Adolescent Psychology, Sociology</i>
emotional uncertainty	emotional instability
relation of emotion to	hysteria based on fear of unknown
body temperature	suppressed hostility

TABLE VIII

NURSING SITUATION: (somatic)	hypoactive reflexes of left extremities
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Anatomy, Physiology, Neurology</i> integration of nervous system musculo-skeletal system flexion-extension tonus triad manifestation polyarthritis carditis chorea hemichorea manifestations effects of massage
massage of extremities protection from trauma, atrophy anticipation of needs food nursing care	
Instruction	<i>Microbiology</i> causative agent-nerve ending at neural junctions affected
graded exercises encouraged to use	
	<i>Pharmacology</i> action of specific drugs
	<i>Adolescent Psychology</i> emotional instability
Mental appreciation:	<i>Sociology</i> recognition of basis for repression, hostility
predisposing factors forming basis for repression hostility encouragement in relation to control, use of extremities	<i>Nursing Arts</i> principles of massage principles of exercise, protection

TABLE IX

NURSING SITUATION : (somatic)	tightening of anal sphincters during enema procedure
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient daily starch retention enema preparation for procedure physical mental instruction respect for emotional factor	<i>Anatomy, Physiology</i> structure of colon, anal canal and sphincters muscle tissue <i>Nursing Arts</i> principles of procedure retention enema <i>Chemistry</i> effect of starch solution in physiological saline <i>Pharmacology</i> action of salicylates on mucosa action of starch solution <i>Adolescent Psychology, Sociology</i> prudery in adolescence based on social background emotional instability, sensitivity, shyness
Mental appreciation : predisposing psychological factors lack of privacy misunderstanding ignorance of bodily functioning	<i>Ethics</i> correct moral principles

TABLE X

NURSING SITUATION: (somatic)	diuresis
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Anatomy, Physiology, Chemistry</i> genito-urinary system composition of urine water balance and heat effect of forced fluids effect of emotion
privacy	<i>Pharmacology</i> drug action
cleanliness	<i>Endocrinology, Metabolism</i> relation to genito-urinary system
quiet	<i>Nursing Arts</i> principles of elimination procedures relative to cleanliness
removal of emotional basis	
Mental appreciation:	<i>Adolescent Psychology</i> physical manifestations of fear, repression, apprehension, uncertainty
symptoms with emotional basis	
forced fluids, salicylates	
partial cause	

TABLE XI

NURSING SITUATION: (somatic)	regurgitation of medications
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient quiet assurance oral hygiene clean linen	<i>Physiology, Anatomy, Chemistry</i> integration of nervous system gastro-intestinal system process of digestion peristalsis chemistry of undigested food
Readministration of drug (if advisable) careful preparation , explanation to patient	<i>Pharmacology</i> specific drugs given in disguise chloral hydrate sodium bromide action of drugs <i>Metabolism</i> effect of regurgitation <i>Nursing Arts</i> principles of cleanliness, oral hygiene
Mental appreciation: predisposing psychological factors based on age, sex home environment hostility suppression constitutional make-up instability insecurity	<i>Adolescent Psychology</i> emotional manifestations based on hostility, fear <i>Sociology</i> cultural background and training

TABLE XII

NURSING SITUATION: (somatic)	headache
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient ice cap to head medication as ordered quiet atmosphere friendly attitude	<i>Anatomy, Physiology, Neurology</i> integration of nervous system functional basis complicating factors fever therapy chorieform movements malaise <i>Microbiology</i> etiological factor <i>Chemistry</i> heat reaction, dehydration <i>Pharmacology</i> sedation for relaxation of tension <i>Nursing Arts</i> maintenance of environment conducive to rest, relaxation <i>Adolescent Psychology, Sociology</i> emotional instability insecurity resulting in tension
Mental appreciation: relation of tension to nervous system basis of tension	

TABLE XIII

NURSING SITUATION : (somatic)	pulse acceleration
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient taking pulse rate observation of patient recheck of rate; discovery of cause of acceleration	<i>Anatomy, Physiology</i> integration of nervous system cardio-vascular system factors influencing pulse rate kinds of pulse <i>Endocrinology, Metabolism</i> effect on pulse rate <i>Microbiology</i> effect of streptococcal infection effect of foreign protein <i>Pharmacology</i> specific drugs in case depressants salicylates
Mental appreciation: relation between emotion and pulse rate predisposing psychological factors for pulse acceleration	<i>Chemistry</i> reaction to fever, drugs <i>Nursing Arts</i> principles underlying procedure- taking of pulse <i>Adolescent Psychology</i> pulsation affected by emotion

TABLE XIV

NURSING SITUATION:
(somatic)

sweating and pallor

<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Physiology, Anatomy, Chemistry</i> integration of nervous system circulatory system water balance skin, water, nervous system cardio-vascular system physiology of anemia
cleanliness	
bath	
sponge	
dry linen	
nourishment	<i>Endocrinology, Metabolism</i> effect of fever therapy effect of emotion on metabolism
balanced diet	
high fluid intake	
medication as ordered	<i>Microbiology</i> foreign protein action streptococcal action sweating symptom
	<i>Pharmacology</i> hematinics salicylates
Mental appreciation:	<i>Nursing Arts</i> care of skin, soap as a cleansing agent
predisposing psychological factors	
to emotional imbalance:	
fear, apprehension	<i>Adolescent Psychology</i> relation of sweating, pallor, to emotional imbalance
suppression	
predisposing physical	
factors	<i>Nutrition</i> malnutrition
drugs	
fever therapy	
malnutrition	

TABLE XV

NURSING SITUATION : (somatic)	hypersensitivity of axillae during temperature procedure
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient temperature reading q. 4h rapport understanding of emotional basis	<i>Anatomy, Physiology, Neurology</i> integration of nervous system structure of the skin kinesthesia musculo-skeletal system <i>Chemistry</i> heat reaction <i>Nursing Arts</i> principle underlying procedure taking temperature kinds of readings <i>Endocrinology, Metabolism</i> effect of temperature on metabolism <i>Adolescent Psychology, Sociology</i> emotional instability based on prudery, reticence, shyness, desire for privacy
Mental appreciation: predisposing psychological factors social environment poor health habits false moral values constitutional make-up unstable sensitive	<i>Ethics</i> correct moral principles

TABLE XVI

NURSING SITUATION : (somatic)	constipation
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient balanced diet adequate fluid intake establishment of rapport overcome shyness obtain consent to nursing care	<i>Anatomy, Physiology, Chemistry</i> digestive system peristalsis, factors influencing water balance elimination <i>Microbiology</i> microorganisms of colon <i>Nutrition</i> essentials of a balanced diet water balance <i>Metabolism</i> effect of emotion on metabolic processes <i>Nursing Arts</i> personal needs of patient <i>Adolescent Psychology, Sociology</i> emotional insecurity diffidence, prudery <i>Ethics</i> correct moral principles
Mental appreciation : predisposing psychological factors poor health habits false moral values	

TABLE XVII

NURSING SITUATION : (somatic)		sighing respirations
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>	
Personal needs of patient	<i>Anatomy, Physiology</i>	
observation for untoward drug reaction	integration of nervous system respiratory system lungs	
nursing measures to insure relaxation	respiratory center air hunger, oxygen relaxation-tension	
bath	<i>Pharmacology</i>	
massage		
conversation	depressant action of specific drugs	
provision for recreation	<i>Nursing Arts</i>	
	relation of respirations to pulse, temperature observation	
Mental appreciation :	<i>Adolescent Psychology, Sociology</i>	
predisposing psychological factors	emotional factors leading to	
home environment	tension	
repression	hostility	
illness	insecurity	
uncertainty	repression	
new environment		
insecurity		
fear of the unknown		
difference between relaxation, depression, weariness		

TABLE XVIII

NURSING SITUATION : (somatic)	hypersensitivity of skin objection to daily bath
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Anatomy, Physiology, Chemistry</i> integration of nervous system structure of skin kinesthesia relaxation of muscles chemical action of soap elimination thermal control
daily bath	<i>Microbiology</i> microorganisms relative to lack of cleanliness
grooming	<i>Nutrition</i> skin in relation to diet
skin, hair, nails	<i>Nursing Arts</i> principles of good hygiene
stimulation of pride in appearance	<i>Adolescent Psychology</i> emotional basis for prudery, hypersensitiveness
respect of desire for privacy	<i>Sociology</i> cultural background
Mental appreciation :	<i>Ethics</i> correct moral principles
predisposing psychological factors age, sex	
social, constitutional background	
present illness	

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TABLE XIX

NURSING SITUATION :
(somatic)

cough and sore throat

<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Anatomy, Physiology</i>
comfort of patient	respiratory system
position to lessen strain	involvement of nervous system
forced fluid intake	<i>Microbiology</i>
medication as ordered	etiological factor
instruction	streptococcal theory
protection of others	symptoms of rheumatic fever
when coughing	laryngitis, cold, etc.
prevention of respiratory	<i>Pharmacology</i>
infections	swabbing of throat
	cough syrup
	<i>Nursing Arts</i>
	principles underlying care
	sore throat
	cough
	meaning of infections
Mental appreciation :	<i>Adolescent Psychology</i>
predisposing psychological	emotional reaction to
factors basis of	illness
fear, insecurity	
apprehension	
perverseness	

TABLE XX

NURSING SITUATION: (somatic)	depressive effects of drugs
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Physiology, Anatomy, Neurology</i> effect on nervous system
administration of drugs	<i>Metabolism</i> action of depressants
orally (disguised)	<i>Pharmacology</i> drug action:
rectally	chloral hydrate
preparation for effect	sodium bromide
quiet surroundings	phenobarbital
assurance	<i>Chemistry</i> halogen: bromide chemical reaction of depressants
Mental appreciation:	<i>Nursing Arts</i> administration of drugs principles involved dosage reaction
differentiation between depressant, relaxing, reaction of drugs, and emotional depression	<i>Adolescent Psychology, Sociology</i> emotional factors necessitating depressant drugs

TABLE XXI

NURSING SITUATION : (psychic)	hysteria during intravenous procedures
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient explanation of procedure assurance attendance during emotional up-set Assistance with procedure preparation of drug manual restraint prevention from trauma	<i>Adolescent Psychology, Sociology</i> emotional imbalance age, sex constitutional make-up fear of the unknown as basis for hysteria probability of previous psychic trauma reaction of illness upon emotions <i>Anatomy, Physiology</i> integration of nervous system relation of hysteria to nervous system <i>Endocrinology, Metabolism</i> action of adrenals effect of intravenous drug upon metabolism <i>Chemistry, Microbiology,</i> <i>Pharmacology</i> indirectly related to the psychological situation directly related through physical aspect of illness relation of typhoid vaccine to each blood chemistry significance of hemogram <i>Nursing Arts</i> primary consideration appreciation of cause of emotion in mind secondary consideration preparation of intravenous injection means of prevention from trauma

TABLE XXII

NURSING SITUATION: (psychic)	involuntary unnoticed (by patient) movement of left arm
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient observation of patient encouraged use of arm massage of arm by patient	<i>Adolescent Psychology, Sociology</i> emotional instability fear, apprehension unconscious defense reaction <i>Anatomy, Physiology</i> integration of the nervous system musculo-skeletal system reflex action muscle tonus, flexion, extension protection of extremities principles of massage <i>Nursing Arts</i> primary consideration, care given with possible reasons for situation in mind secondary consideration graded exercise massage observation <i>Microbiology, Pharmacology, Chemistry</i> indirectly related to the psychological situation directly related through physical aspect of illness, etiological factor, etc.
Mental appreciation: recognition of relation between condition and environment social home school hospital	

TABLE XXIII

NURSING SITUATION : (psychic)	irritability and perverseness prudishness during nursing care procedure seclusiveness, reticence toward personnel
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Adolescent Psychology</i> inarticulateness due to changing of concepts
Primary	irritability, perverseness traceable to constitutional make-up, hostility, fear of the unknown
approach based on appreciation of the predisposing causes of attitudes	
Secondary	<i>Sociology</i> cultural background as a basis for attitudes relative to social and moral values
nursing procedures indicated in situation	<i>Anatomy, Physiology, Chemistry</i> affection of the nervous system by emotions chemical reactions
	<i>Endocrinology, Metabolism</i> effect of emotion upon adrenals
Mental appreciation :	<i>Nursing Arts</i> procedures done with appreciation of the cause of the emotion manifested in mind
continued repression, resulting in muscle tension, may become manifest in attitudes, concomitant with or influencing somatic illness	<i>Microbiology, Pharmacology</i> indirectly related to psychological situation directly related through physical aspects of illness
accompanying emotional features may be traced to the causes producing the tension	<i>Ethics</i> concept of moral values mental hygiene

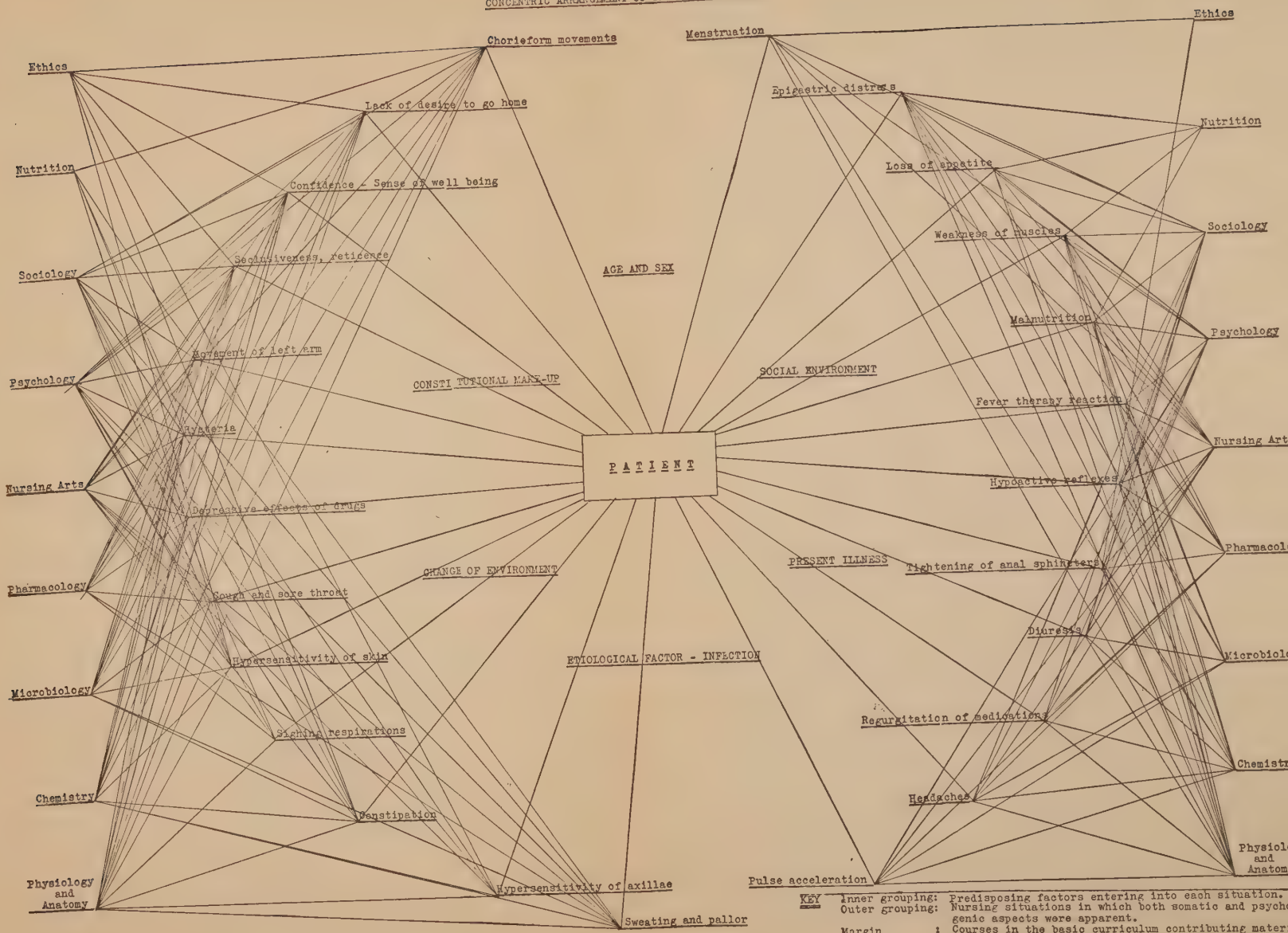
TABLE XXIV

Nursing Situation: (psychic)	pleasure with progress improvement in appearance
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient interest in appearance cleanliness oral hygiene care of hair, nails and skin provision for recreation graded activity	<i>Adolescent Psychology</i> reduction of emotional distress establishment of normal attitudes influence of satisfaction upon attitudes temporary realization of ideals appreciation of self
Instruction necessity for gradual assumption of activities essentials of good grooming precautions against infection	<i>Sociology</i> influence of environment effects of change of environment <i>Nursing Arts</i> procedures done with appreciation of factors conducive to change in attitude assistance in cultivation of these factors
Mental appreciation: changed attitudes result in change of emotional behavior decreased somatic aspect concomitant with confidence, sense of well being, improvement in appearance causes underlying changed attitudes: understanding friendliness routine, order privacy cleanliness quiet adequate diet cessation of somatic symptoms	<i>Ethics</i> mental hygiene <i>Anatomy, Physiology, Chemistry</i> <i>Microbiology</i> indirectly related to psychological situation directly related to decreased somatic aspects

TABLE XXV

NURSING SITUATION : (psychic)	lack of desire to go home
<i>Nursing Care Indicated</i>	<i>Theory Involved</i>
Personal needs of patient	<i>Adolescent Psychology</i> formation of ideals, attitudes basis for repression, frustration, hostility, conflict necessity for understanding
prepare patient mentally for readjustment home mother siblings	<i>Sociology</i> social environment static socio-economic level unchanged relation of individual to the home
outline workable program to provide care of self recreational activities welfare agencies responsibility toward family	<i>Ethics</i> mental hygiene concept of obligations to God, family, community, self
Mental appreciation:	<i>Nursing Arts</i> procedures performed with appreciation of conflict of patient in mind
predisposing factors to conflict: static social environment affection for family sense of responsibility retardation in school formation of ideals, attitudes possibility of attainment of another culture	<i>Anatomy, Physiology, Chemistry Microbiology, Pharmacology</i> related to the situation through possible sequelae of the illness form of heart involvement recurrence of chorea

CONCENTRIC ARRANGEMENT OF INTERRELATIONSHIPS



KEY

Inner grouping: Predisposing factors entering into each situation.

Outer grouping: Nursing situations in which both somatic and psychogenic aspects were apparent.

Margin: Courses in the basic curriculum contributing material to the nursing care of each of the situations indicated.

CHAPTER VI

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF DISSERTATION

Summary: A modern trend in medicine points to an appreciation of the patient as a total personality. The nursing concept of approach must be accordingly broadened. To find out how this could be accomplished, it was felt that the problem resolved itself into four phases: (1) the present day trends in psychosomatic medicine; (2) the presentation of a patient as a person; (3) the relation between one particular nursing situation and the courses taught to student nurses in the basic curriculum; (4) the demonstration of a means for integration of the content in the basic nursing curriculum and thus better to prepare the nurse to meet nursing situations in their totality.

A historical resumé of the psychosomatic concept showed that the basis of approach, the body and mind interrelationship, is older than medicine itself. Literature relative to the theories and ideas of Aristotle and Aquinas, to Cartesian dualism, to the schools of thought of the 18th and 19th centuries, to the beginning of specialization, and to present day philosophy and science, clearly indicated the problem that that relationship has always presented.

The literature relative to the psychosomatic concept is quoted at length because it is on an understanding of the underlying principles of the concept that our premises for integration and a broadened concept of approach in the field of nursing are based.

A narrative summary presented the facts pertinent to an intensive case study. An analysis of these facts was made by filing them under the courses in the basic nursing curriculum containing matter applicable to them. Nursing situations based on psychosomatic implications were listed. Tables were formulated listing the nursing care indicated and the theory involved in each situation. A concentric chart illustrates the findings indicated in the tables.

Findings: Content from all the courses in the outline relative to the study (obstetrics, surgery and communicable diseases are ex-

cepted) could be brought into each nursing situation with psychosomatic implications. Those in which the somatic aspect was more apparent had more physical nursing care involved; those in which psychogenic factors predominated required greater appreciation of the predisposing psychological factors. In some instances this was the only nursing care necessary.

In these situations the sciences in the curriculum played only an indirect part in the theory involved.

In no situation could the predisposing psychological factors be ignored. They were repeated with varying emphasis in every instance.

The situations in which the somatic aspect was more predominant were more evident, and more easily tabulated.

It was found that the sciences overlapped in theory in all situations. Where the psychic element predominated they could be grouped together, so closely were they related to each other in respect to the situation. In no situation could they be ignored.

Conclusions:

1. It is possible to demonstrate the relation between the courses taught to student nurses in the basic nursing curriculum and one particular nursing situation.

2. It is necessary in treating the total personality to apply integrated knowledge from all the courses in the basic curriculum relative to a nursing situation bearing psychosomatic implications.

3. The application of integrated knowledge may be made on any given level of the nurse's ability and experience. The very young student may be able to draw no more than one or two very simple correlatives between a given situation and her knowledge and skill. The graduate nurse may find a whole network of interrelationships springing up between the many aspects entering into the total situation.

4. Physical, chemical and psychological reactions tend to be all of the same type; three phases of one reaction.

5. Much of the subject matter in the courses in the basic curriculum is repetitive.

6. A somatic manifestation of bodily disorder cannot be adequately treated without cognizance of predisposing or concomitant physical and psychological factors.

7. An emotional manifestation of a psychological disorder cannot be adequately understood or treated without an appreciation of the underlying causes, both psychogenic and physical, of the manifestation.

Recommendations:

1. That the subject matter contained in courses in the basic nursing curriculum be evaluated on a basis of application to nursing situations and not as material to be confined within the boundaries of specified courses.

2. That subject matter be presented in such a way as to provide a basis of integration for the student nurse.

3. That the concept of approach to the total person be inherent in, and an integral part of, all subject matter, and not be reserved for courses in psychology and psychiatry.

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